

Do not write in these spaces. If you have any corrections to be made, please insert the word "amend" in the margin. Incorrect certificates will be returned for correction.

PERSONAL AND STATISTICAL PARTICULARS.		MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH <i>Greenleaf</i> COUNTY OF MARICOPA DISTRICT OF PHOENIX TOWN <i>Marengo</i> OR CITY OF PHOENIX		Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF DEATH	
FULL NAME <i>Albert Mangonia</i>		TERRITORIAL INDEX NO. <i>81</i> COUNTY REGISTERED NO. <i>190</i> ST. LOCAL REGISTRAR'S NO. <i>77</i>	
SEX <i>Male</i> COLOR or RACE White Indian Chinese Black Mexican		DATE OF DEATH <i>Sept 24 1913</i> (Month) (Day) (Year)	
DATE OF BIRTH (Month) (Day) (Year)		I hereby certify, that I attended deceased from _____ 191__ to _____ 191__; that I last saw him _____ on _____ 191__ and that death occurred on the date stated above at _____ M. The CAUSE OF DEATH causing Death was as follows: <i>One rifle shot</i> <i>wounded in the chest</i> <i>(Killed in performance duty)</i> <i>Duets</i> (Duration) _____ yrs. _____ mos. _____ days	
AGE <i>38</i> yrs. _____ mos. _____ days If less than 1 day _____ hrs. _____ min.		Was disease contracted in Arizona? _____ If not, where? _____	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		CONTRIBUTOR (Signature) _____ 191__ (Address) <i>Marengo, Ariz.</i>	
BIRTHPLACE (State or country) <i>Ariz.</i>		*In deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
NAME OF FATHER _____		LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. in Arizona _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE OF FATHER (State or country) _____		Former or Usual Residence _____	
MAIDEN NAME OF MOTHER _____		PLACE OF BURIAL OR REMOVAL <i>Colton</i> DATE OF BURIAL OR REMOVAL <i>30 1913</i>	
BIRTHPLACE OF MOTHER (State or country) _____		UNDERTAKER _____ ADDRESS _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>B.R. Williams</i> (Address) <i>Marengo</i>		FILED <i>10/8 1913</i> <i>S.M. Lester</i> Local Registrar. <i>Lester Smith</i> County Registrar.	